


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000003917

1. Corporation Name
1000 BRICKELL AVENUE CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box # 1000 BRICKELL AVENUE		3. Mailing Office Address	
Suite, Apt. #, etc. SUITE 325		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State	
Zip 33131	Country	Zip	Country

7. Name and Address of Current Registered Agent

Name
BAJANDAS, RICARDO

Street Address (P.O. Box Number is Not Acceptable)
1000 BRICKELL AVENUE

Suite, Apt. #, Etc.
SUITE 1020

City MIAMI	State FL	Zip Code 33131
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FILED
10 JAN 21 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09-10

000166855540
01/21/10--01043--021 **122.50
CR2E081 (11/09)

4. Date incorporated or Qualified To Do Business in Florida 04/15/2005

5. FEI Number 202666509 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status.

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent RICARDO BAJANDAS Date 1/12/2010
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	PATCHEN, BRIAN P	1000 BRICKELL AVENUE, SUITE 1112	Miami, FL 33131
V	WRAGG, III, OTIS O	1000 BRICKELL AVENUE, SUITE 400	Miami, FL 33131
S	PERRICONE, STEVEN J	1000 BRICKELL AVENUE, SUITE 920	Miami, FL 33131
T	FANJUL, JUSTO	1000 BRICKELL AVENUE, SUITE 1200	Miami, FL 33131
d	BUSH, HENRY B	1000 BRICKELL AVENUE, SUITE 1120	Miami, FL 33131
			OC 1/22

10. E-mail Address: _____ (To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Steven Perricone Date 1/13/10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #